L09000059799

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(=)			
(D			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to rining Officer.			
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MAY 28 2015 C MCNAIR

COVER LETTER

TO: Registration Section Division of Corporations		
The Reading Corner LLC SUBJECT:		
(Name of Limit	ed Liability Con	npany)
The enclosed member, resignation or dissociar	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:	
Karen Green		17.60
(Contact Person)		- 5
The Reading Corner LLC		MAY 22 AM II: 2
(Firm/Company)		
2614 Rosehaven Dr		SIAT
(Address)		5m =
Wesley Chapel, FI 33544		
(City/State and Zip Code)		_
For further information concerning this matter	, please call:	
Karen Green	813 at (4366424
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: See & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it ap	pears on the records of the	Florida Department
of State is:	Reading Corner LLC	· · · · · · · · · · · · · · · · · · ·	
2. The Florida doc	ument/registration number assign	ed to this limited liability co	ompany is:
L0900005979	9	_	
3. The date this me	ember/manager withdrew/resigned	d or will withdraw/resign is:	5/18/2015
4. I. Andy Green	Name of Person Resigning)	. hereby withdraw/resign as	s a
(Print N	Name of Person Resigning)	.,	
Managing Me			
_	(Print Title)		
of this limited lia resignation in wr	ability company and affirm the liming.	ited liability company has b	een notified of my
Signature of D	issociating Member or Resigning	Manager	
	\$25.00 (Required)		
Cennica Copy:	\$30.00 (Optional)		